

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOV 9 PM 2:26 *SMC*

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

☐ Initial Filing of Form      Re-filing to Change: ☐ Treasurer/Deputy    ☐ Depository    ☐ Office    ☐ Party

**2. Name of Candidate (in this order: First, Middle, Last)**

*Nelly Velasquez*

**3. Address (include post office box or street, city, state, zip code)**

*9048 Collins Ave #124  
Suntside, FL 33154*

**4. Telephone**

*917 17031905*

**5. E-mail address**

*nellyforsuntside@gmail.com*

**6. Office sought (include district, circuit, group number)**

*Commissioner*

**7. If a candidate for a nonpartisan office, check if applicable:**

☐ My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a**

☐ Write-In    ☐ No Party Affiliation    ☐ \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my** ☐ Campaign Treasurer ☐ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

*Nelly Velasquez*

**11. Mailing Address**

*9048 Collins Ave #124*

**12. Telephone**

( )

**13. City**

*Suntside*

**14. County**

*Miami-Dade*

**15. State**

*FL*

**16. Zip Code**

*33154*

**17. E-mail address**

*Nellyforsuntside@gmail.com*

**18. I have designated the following bank as my**

☐ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

**20. Address**

**21. City**

**22. County**

**23. State**

**24. Zip Code**

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

*11/9/23*

**26. Signature of Candidate**

*X*

**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**

I, *Nelly Velasquez*, do hereby accept the appointment

(Please Print or Type Name)

designated above as:



Campaign Treasurer



Deputy Treasurer.

*11/9/23*

Date

*X*

Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 9 PM 2:26

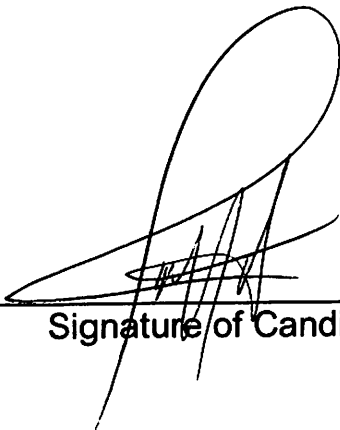
SMC

I, Nelly Valasquez,

candidate for the office of Commissioner;

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X



Signature of Candidate

11/9/23

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOV 13 AM 11:31 SMC

NOV 9 PM 2:26 SMC

**NOTE:** This form must be on file with the qualifying officer before opening the campaign account.

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

☒ Initial Filing of Form      Re-filing to Change: ☐ Treasurer/Deputy    ☐ Depository    ☐ Office    ☐ Party

**2. Name of Candidate** (in this order: First, Middle, Last)

Nelly Velasquez

**3. Address** (include post office box or street, city, state, zip code)

9048 Collins Ave #124  
Surfside, FL 33154

**4. Telephone**

(917) 7031905

**5. E-mail address**

nellyfor-surfside@gmail.com

**6. Office sought** (include district, circuit, group number)

Commissioner

**7. If a candidate for a nonpartisan office, check if applicable:**

☐ My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

☐ Write-In    ☐ No Party Affiliation    ☐ \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my** ☒ Campaign Treasurer    ☐ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Nelly Velasquez

**11. Mailing Address**

9048 Collins Ave #124

**12. Telephone**

( )

**13. City**

Surfside

**14. County**

Miami-Dade

**15. State**

FL

**16. Zip Code**

33154

**17. E-mail address**

Nellyfor-surfside@gmail.com

**18. I have designated the following bank as my** ☐ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

City National Bank

**20. Address**

300 71st Street

**21. City**

Miami Beach

**22. County**

Miami Dade

**23. State**

Florida

**24. Zip Code**

33141

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

11/9/23

**26. Signature of Candidate**

X [Signature]

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Nelly Velasquez, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer    ☐ Deputy Treasurer.

11/9/23

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 13 AM 11:31

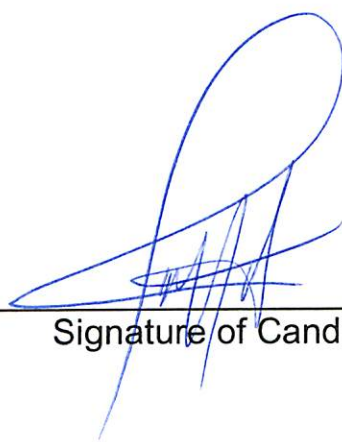
NOV 9 PM 2:26

SMC  
SMC

I, Nelly Valasquez,  
candidate for the office of Commissioner;

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

  
Signature of Candidate

11/9/23  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).



## TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

### RECEIPT OF DOCUMENTS

Candidate:

Nally

First Name

Middle Name

Valasquez

Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell Phone: 917 703 1905

E-Mail Address: nallyforsurfside@gmail.com

This is to acknowledge my receipt of the following documents:

- ☒ The Florida Election Code (2022) – Digital Format (USB)
- ☒ Candidate and Campaign Treasurer Handbook (2022) – Digital Format (USB)
- ☒ Guide to the Sunshine Amendment and Code of Ethics (2023) – Digital Format (USB)
- ☒ Reporting Dates Schedule (Election Date: March 19, 2024)
- ☒ Campaign Activities Memorandum

Received by: [Signature] Date: 11/13/23

Candidate Signature



## *Town of Surfside*

9293 Harding Avenue  
Surfside, Fl 33154

### 2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Nelly Velasquez  
Office Sought Commissioner  
Phone No.: \_\_\_\_\_ Cell Phone No: 917 703 1905  
E-Mail Address: nellyforsurfside@gmail.com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>11/9/2023</u> <u>11/13/2023</u>	<u>NV</u>
Nominating Petition	_____	_____
Statement of Candidate	_____	_____
Sworn Statement of Qualification	_____	_____
Candidate Oath	<u>11/9/2023</u> <u>11/13/2023</u>	<u>NV</u>
Form 1 – Statement of Financial Interest (2022)	_____	_____
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	_____	_____
Qualifying Fee \$25.00	_____	_____
L & A Schedule	_____	_____
Proof of Residency	_____	_____

& Voter Registration

2. Important Dates to Remember

11/13/2023

NV

3. Campaign Activities Memorandum

11/13/2023

NV

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date



**TOWN OF SURFSIDE**  
**Office of the Town Clerk**

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,  
Town Clerk

November 14, 2023

Ms. Michelle McClain  
Miami-Dade Elections Department  
2700 NW 87<sup>th</sup> Avenue  
Miami, FL 33172

RE: VERIFICATION OF PETITION SIGNATURES – NELLY VELASQUEZ

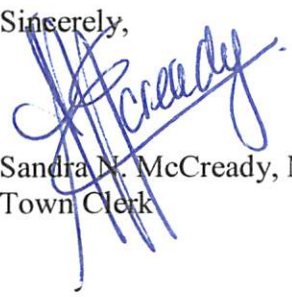
Dear Ms. McClain:

Enclosed are the original petition forms for NELLY VELASQUEZ. This petition is for a candidate seeking to qualify for office in the TOWN OF SURFSIDE. The Town Charter, under section 101 requires the verification of 25 valid signatures in order for the petition to be sufficient. Please verify signatures in accordance with the Town of Surfside Charter.

NELLY VELASQUEZ: Filed intent to run for office on November 9, 2023

Please return the original petition forms to us along with a certificate certifying the number of valid signatures.

Sincerely,

  
Sandra N. McCready, MPA, MMC  
Town Clerk

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION  
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

## NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 14 PM 4:26

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Nelly Velasquez  
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March  
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>Mary A. Santos</u>	Date: <u>11-13-23</u> D.O.B. [REDACTED]
Print Name: <u>MARY A. SANTOS</u>	Address: [REDACTED]
Signature: <u>MARINA SANCHEZ</u>	Date: <u>11-13-2023</u> D.O.B. [REDACTED]
Print Name: <u>MARINA SANCHEZ</u>	Address: [REDACTED]
Signature: <u>Victoria H Saife</u>	Date: <u>11/13/2023</u> D.O.B. [REDACTED]
Print Name: <u>Victoria H Saife</u>	Address: [REDACTED]
Signature: <u>Mary Henderson</u>	Date: <u>11/13/2023</u> D.O.B. [REDACTED]
Print Name: <u>Mary Henderson</u>	Address: [REDACTED]
Signature: <u>Justin Simons</u>	Date: <u>11-13-2023</u> D.O.B. [REDACTED]
Print Name: <u>Justin Simons</u>	Address: [REDACTED]
Signature: <u>Darryl Wall</u>	Date: <u>11/13/23</u> D.O.B. [REDACTED]
Print Name: <u>Darryl Wall</u>	Address: [REDACTED]
Signature: <u>Spiros Dimitropoulos</u>	Date: <u>11-13-23</u> D.O.B. [REDACTED]
Print Name: <u>Spiros Dimitropoulos</u>	Address: [REDACTED]
Signature: <u>Lea Coto</u>	Date: <u>11-13-23</u> D.O.B. [REDACTED]
Print Name: <u>Lea Coto</u>	Address: [REDACTED]
Signature: <u>Gabriel Coto</u>	Date: <u>11-13-23</u> D.O.B. [REDACTED]
Print Name: <u>Gabriel Coto</u>	Address: [REDACTED]
Signature: <u>Ruben Coto</u>	Date: <u>11-13-23</u> D.O.B. [REDACTED]
Print Name: <u>Ruben Coto</u>	Address: [REDACTED]
Signature: <u>MAGALY CHAIT</u>	Date: <u>11/13/23</u> D.O.B. [REDACTED]
Print Name: <u>MAGALY CHAIT</u>	Address: [REDACTED]
Signature: <u>Charles Buckle</u>	Date: <u>11/13/23</u> D.O.B. [REDACTED]
Print Name: <u>Charles Buckle</u>	Address: [REDACTED]
Signature: <u>Nelly Velasquez</u>	Date: <u>11/13/23</u> D.O.B. [REDACTED]
Print Name: <u>Nelly Velasquez</u>	Address: [REDACTED]

### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]

Address of Circulator: 9048 Collins Ave #124, Surfside, FL 33154

Email address of Circulator: nellyforsurfside@gmail.com

### ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature]

Date: 11/13/23

**COPY**

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION  
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

## NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 14 PM 4:26

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Nelly Velasquez  
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March  
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>Barbara Wall</u>	Date: <u>11-13-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Barbara Wall</u>	Address: <u>[REDACTED]</u>
Signature: <u>Arlene Ayala</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>ARLENE AYALA IN</u>	Address: <u>[REDACTED]</u>
Signature: <u>Tim Paul</u>	Date: <u>11-13-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Tim Paul</u>	Address: <u>[REDACTED]</u>
Signature: <u>Juan Cruz Caceres</u>	Date: <u>11-13-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>JUAN CRUZ CACERES</u>	Address: <u>[REDACTED]</u>
Signature: <u>Fernanda Matach</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Fernanda Matach</u>	Address: <u>[REDACTED]</u>
Signature: <u>William Burkett</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>William Burkett</u>	Address: <u>[REDACTED]</u>
Signature: <u>Cara Diaz-Leal Parker</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>CARA DIAZ-LEAL PARKER</u>	Address: <u>[REDACTED]</u>
Signature: <u>Steven Parker</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Steven Parker</u>	Address: <u>[REDACTED]</u>
Signature: <u>Jorge Cortes</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Jorge Cortes</u>	Address: <u>[REDACTED]</u>
Signature: <u>M. Cortes</u>	Date: <u>11/13/2023</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Miguelangel Cortes</u>	Address: <u>[REDACTED]</u>
Signature: <u>Jorge Cortes</u>	Date: <u>11/13/2023</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Jorge Cortes</u>	Address: <u>[REDACTED]</u>
Signature: <u>ILEANA M. CORRES</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>ILEANA M. CORRES</u>	Address: <u>[REDACTED]</u>
Signature: <u>Liana Dominguez</u>	Date: <u>11-13-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Liana Dominguez</u>	Address: <u>[REDACTED]</u>

### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]  
Address of Circulator: 9048 Collins Ave #124, Surfside, FL 33154  
Email address of Circulator: nellyfor surfside@gmail.com

### ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/13/23

COPY

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION  
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

## NOMINATING PETITION FOR MAYOR OR COMMISSIONER

### TOWN OF SURFSIDE, FLORIDA

NOV 14 PM 4:26

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Nelly Velasquez for the office of Commissioner (Mayor or Commissioner) at an election to be held on March 19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B.:
Print Name: <u>Fernando Alvarez</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B.:
Print Name: <u>Rocio Alvarez</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B.:
Print Name: <u>Luciana Alvarez</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B.:
Print Name: <u>Fernando Jose Alvarez</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B.:
Print Name: <u>Kelly Sanchez</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B.:
Print Name: <u>Rogelio Sanchez</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-14-23</u>	D.O.B.:
Print Name: <u>Brian B.</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u>	D.O.B.:
Print Name: <u>JOEL TREME</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-14-23</u>	D.O.B.:
Print Name: <u>ELIO QUIÑONES</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-14-23</u>	D.O.B.:
Print Name: <u>Dulce Quiñones</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-14-23</u>	D.O.B.:
Print Name: <u>Dulce M. Quiñones</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-14-23</u>	D.O.B.:
Print Name: <u>BENJAMIN ACQUARO</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-14-23</u>	D.O.B.:
Print Name: <u>FRANK BUNNET</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u>	D.O.B.:
Print Name: <u>ISRAEL ELBAMIL</u>	Address:	

### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 6 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]  
Address of Circulator: 9048 Collins Ave #124, Surfside, FL 33154  
Email address of Circulator: nellyforsurfside@gmail.com

### ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/13/23

**CANDIDATE OATH  
NONPARTISAN OFFICE**

Do not use this form if a Judicial or School Board Candidate)

NOV 14 PM 4:30

Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, Nelly Velasquez,

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐ (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Commissioner, \_\_\_\_\_, \_\_\_\_\_  
(Office) (District #)

\_\_\_\_\_, \_\_\_\_\_; I am a qualified elector of miami-dade County, Florida;  
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 12406566

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

**X**  
Signature of Candidate

917 703 1905  
Telephone Number

nelly.forsortside@gmail.com  
Email Address

9048 Collins Ave #124 sortside FL 33154  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of  
online notarization ☐ OR physical presence ☐  
this 14th day of November, 2023

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:





## TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

NOV 14 PM 4:36

### GENERAL ELECTION – MARCH 19, 2024

### SWORN STATEMENT OF QUALIFICATION

Pursuant to Article VI, Section 102 of the Town of Surfside Charter, this form must be submitted simultaneously with the nominating petitions and qualifying fee of \$25.00 made payable to the Town of Surfside.

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Nelly Valasquez,  
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of  
Surfside, Florida; that my address is 9048 Collins Ave, #124, Surfside, FL 33154  
my occupation is Self employed; that I have been  
a resident of the Town of Surfside since 2013; that I will be at least twenty-one (21) years of  
age by November 22, 2023 and that if elected, I will willingly serve as  
Commissioner (Mayor or Commissioner) of the Town of Surfside, if elected.

Signature of Candidate

Date

Sworn to and subscribed before me this 14<sup>th</sup> day of November, 2023.



NOTARY PUBLIC

Sandra N. McCreedy  
PRINTED NAME OF NOTARY

## FORM 1

STATEMENT OF  
FINANCIAL INTERESTS

2022

Please print or type your name, mailing  
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Velasquez Nelly

MAILING ADDRESS :

9048 Collins Ave, #124

Sunnyvale FL 33154 Miami-Dade

CITY :

ZIP :

COUNTY :

Town of Sunnyvale

NAME OF AGENCY :

Commissioner

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

NOV 14 PM 4:33

gmc

\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

## MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS

## PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Catering Business	9429 Harding Ave, Sunnyvale FL 33154	Catering Food & Beverage

## PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Nelly Velasquez	Rental Income	547 Peachtree St.	Rental Income

## PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

547 Peachtree St. Coconut, FL 32922

9481 Byron Ave, Sunnyvale, FL 33154

You are not limited to the space on the  
lines on this form. Attach additional  
sheets, if necessary.FILING INSTRUCTIONS for when  
and where to file this form are  
located at the bottom of page 2.INSTRUCTIONS on who must file  
this form and how to fill it out  
begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

Florida prepaid college Pbn Florida prepaid college foundation

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

Shellpoint Mortgage P.O. Box 10826 Greenville, SC 29603-0826  
Mr Cooper P.O. Box 650783 Dallas TX 75205

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

NAME OF BUSINESS ENTITY

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

The Lobster Guy LLC  
9429 Harding Ave #119  
Catering  
Owner  
Yes  
100%

**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

**SIGNATURE OF FILER:**

Signature:



Date Signed:

11/14/23

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

NELLY VELASQUEZ CAMPAIGN ACCOUNT  
LUZ NELLY VELASQUEZ  
9048 COLLINS AVE #124  
SURFSIDE, FL 33154

1001  
63-0436//0660

DATE 11/14/23

PAY  
TO THE  
ORDER OF Town of Surfside

\$ 25. —

twenty five & 00/100

DOLLARS



 **City National Bank**  
Bci FINANCIAL GROUP

Qualifying fee

Heifand Clarke

MP



## Town of Surfside

9293 Harding Avenue  
Surfside, FL 33154

### 2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Nelly Velasquez  
Office Sought Commissioner  
Phone No.: \_\_\_\_\_ Cell Phone No: 917 703 1905  
E-Mail Address: nellyforsurfside@gmail.com

#### Contents

#### Date Received

#### Initials

#### 1. Qualifying as a candidate:

Appointment of Campaign Treasurer and  
Designation of Campaign Depository

11/11/2023  
11/13/2023 NV

Nominating Petition

11/14/2023 NV

Statement of Candidate

11/14/2023 NV

Sworn Statement of Qualification

11/14/2023 NV

Candidate Oath

11/19/2023  
11/13/2023 NV

Form 1 – Statement of Financial Interest (2022)

11/14/2023 NV

Declaration and First Amendment Waiver

                     NV

Volunteer Statement of Fair Campaign Practice

Qualifying Fee \$25.00

11/14/2023 NV

L & A Schedule

N/A NV

Proof of Residency

& Voter Registration

2. Important Dates to Remember
3. Campaign Activities Memorandum



Candidate's Signature

11/14/2023 NV

11/13/2023 NV

11/13/2023 NV

11/14/23

Date



**Elections**  
2700 NW 87th Avenue  
Miami, Florida 33172  
T 305-499-8683 F 305-499-8547  
TTY: 305-499-8480

[miamidade.gov](http://miamidade.gov)

November 16, 2023

Sandra McCready, MPA, MMC  
Town Clerk  
Town of Surfside  
9293 Harding Ave  
Surfside, FL 33154

Dear Mrs. McCready:

The Miami-Dade Elections Department has completed the verification of the petitions for Nelly Velasquez, a candidate for the office of Commissioner for Town of Surfside. A total of 32 petitions were submitted. Per your request, we were to review petitions until a total of 25 valid petitions were met. Therefore, a total of 29 petitions were reviewed for verification; of which 25 were certified.

For purposes of signature verification, my office follows the directives given by the municipality. You are encouraged to ensure compliance with municipal charter or code requirements.

Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Sincerely,

A handwritten signature in blue ink, appearing to read "Christina White", written over a blue circular stamp.

Christina White  
Supervisor of Elections

Enclosure (1)



**Elections**  
2700 NW 87th Avenue  
Miami, Florida 33172  
T 305-499-8683 F 305-499-8547  
TTY: 305-499-8480

[miamidade.gov](http://miamidade.gov)

## CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that **25** signatures submitted by **Nelly Velasquez** for the office of **Commissioner** for the **Town of Surfside** matched the signatures on the voter files.



A blue ink signature of Christina White, written in a cursive style.

Christina White  
Supervisor of Elections

WITNESS MY HAND  
AND OFFICIAL SEAL,  
AT MIAMI, MIAMI-DADE  
COUNTY, FLORIDA,  
ON THIS 16<sup>th</sup> DAY OF  
NOVEMBER, 2023



**TOWN OF SURFSIDE**  
**Office of the Town Clerk**

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCreedy, MPA, MMC,  
Town Clerk

November 20, 2023

Mrs. Nelly Velasquez  
9048 Collins Avenue #124  
Surfside, Fl 33154

Dear Mrs. Velasquez:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 19, 2024 Municipal Election.

Congratulations on your qualification and if I can assist in any way throughout the process, please feel free to contact me.

Very truly yours,

Sandra N. McCreedy, MPA, MMC  
Town Clerk

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez

Name

(2) 9048 Collins Ave, #124

Address (number and street)

Surfside, FL 33154

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: \_\_\_\_\_

OFFICE USE ONLY

TOWN OF SURFSIDE

JAN 10 '24 5:12PM

GMC

(4) Check appropriate box(es):

☒ Candidate Office Sought: Commissioner

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 10/1/2023 / To 12/31/2023 / Report Type: 23Q4

☒ Original

☐ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 125 , , .

Loans \$ , , .

Total Monetary \$ , , .

In-Kind \$ , , .

### (7) Expenditures This Report

Monetary Expenditures \$ 25 , , .

Transfers to Office Account \$ , , .

Total Monetary \$ 25 , , .

### (8) Other Distributions

\$ , , .

### (9) TOTAL Monetary Contributions To Date

\$ 125 , , .

### (10) TOTAL Monetary Expenditures To Date

\$ 25 , , .

### (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Nelly Velasquez

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name) Nelly Velasquez

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**(1) Name Nelly Velasquez

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/1/2023 / \_\_\_\_\_ / \_\_\_\_\_ through 12/31/2023 / \_\_\_\_\_ / \_\_\_\_\_(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
11/13/23 /	Town of Surfside 9293 Harding Avenue Surfside, Fl 33154	Qualifying Fee	CAN		\$25
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

TOWN OF : OE

JAN10 '24 5:12PM

(1) Name Nelly Velasquez

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/1/2023 /        /        through 12/31/2023 /        /       

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type      Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11/13/23 /      /	Nelly Velasquez 9048 Collins Avenue #124 Surfside, FL, 33154		Self	LOA			\$100
12/16/23 /      /	Emilia Jimenez 9025 Byron Avenue Surfside FL 33154		Retired	CHE			\$25
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Nelly Velasquez

I.D. Number

Address (number and street)  
9048 Collins Avenue, #124

City, State, Zip Code  
Surfside, Fl, 33154

☐ CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

JAN10 '24 5:12PM

*gmc*

Candidate for:

- ☐ Mayor  
☒ Commissioner, District \_\_\_\_\_  
☐ Property Appraiser  
☐ Clerk of the Circuit Courts  
☐ Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 23Q4 Cover Period 10/1/2023 through 12/31/2023

Report Type ☒ Original ☐ Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) ☒ Treasurer ☐ Deputy Treasurer

**X**  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) ☒ Candidate

**X**  
Signature

MIAMI-DADE  
COUNTY

JAN10 '24 5:12PM

**Nelly Velasquez**

(5) Report Type ☐ Original ☐ Amendment (6) Page \_\_\_\_\_ of \_\_\_\_\_

[illegible]

MD-ED 26 (Rev. 03/13)

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez

Name

(2) 9048 Collins Avenue #124

Address (number and street)

Surfside, FL 33154

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: \_\_\_\_\_

OFFICE USE ONLY

JAN 18 AM 10:13

*SMC*

(4) Check appropriate box(es):

☒ Candidate Office Sought: Commissioner

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 1/1/24 / \_\_\_\_ / \_\_\_\_ To 1/12/24 / \_\_\_\_ / \_\_\_\_ Report Type: 2460DP

☒ Original

☐ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 625 , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

Loans \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

Total Monetary \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

In-Kind \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ 25 , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

Transfers to Office Account \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

Total Monetary \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

### (8) Other Distributions

\$ 25 , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ 625 , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

### (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Nelly Velasquez

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

**X**

Signature

(Type name) Nelly Velasquez

☒ Candidate ☐ Chairperson (only for PC and PTY)

**X**

Signature

SME

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Nelly Velasquez(2) I.D. Number 2460DP(3) Cover Period 1/1/2024 /        /        through 1/12/2024 /        /        (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type    Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
1/8/2024 /        /	Donal Lewin 9225 Collins Avenue #702 Surfside, Fl 33154		Retired	CHE			\$500.00
/        /							
/        /							
/        /							
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/        /							

# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nelly Velasquez

(2) I.D. Number 2460DP

(3) Cover Period 1/1/2024 /        /        through 1/12/2024 /        /       

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
// /	N/A				
// /					
// /					
// /					
// /					
// /					
// /					
// /					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Nelly Velasquez

I.D. Number

Address (number and street)

9048 Collins Avenue, #124

City, State, Zip Code

Surfside, FL, 33154

☐ CHECK IF ADDRESS HAS CHANGED

JAN 18 AM 10:13

SMC

Candidate for:

☐ Mayor

☒ Commissioner, District \_\_\_\_\_

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 2460DP Cover Period 1/1/2024 through 1/12/2024

Report Type ☒ Original ☐ Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Nelly Velasquez

(Type name)

☒

Treasurer

☐

Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Nelly Velasquez

(Type name)

☒

Candidate

X

Signature

SMC



MIAMI-DADE  
COUNTY

**Nelly Velasquez**

(5) Report Type   ☒ Original   ☐ Amendment   (6) Page \_\_\_\_\_ of \_\_\_\_\_

The graph shows a downward-sloping curve on a grid. The curve starts at the top-left corner of the grid and ends at the bottom-right corner, passing through the center. It is concave up, indicating a decreasing rate of change.

MD-ED 26 (Rev. 03/13)

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez

Name

(2) 9048 collins Avenue #124

Address (number and street)

Surfside, FL 33154

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: \_\_\_\_\_

OFFICE USE ONLY

FEB 1 AM 9:37

(4) Check appropriate box(es):

☒ Candidate Office Sought: Commissioner

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 01/01/2024 / To 01/12/2024 / Report Type: 2460DP

☐ Original

☒ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 625.00 , , .

Loans \$ , , .

Total Monetary \$ , , .

In-Kind \$ , , .

### (7) Expenditures This Report

Monetary Expenditures \$ 0 , , .

Transfers to Office Account \$ , , .

Total Monetary \$ , , .

### (8) Other Distributions

\$ , , .

### (9) TOTAL Monetary Contributions To Date

\$ 625.00 , , .

### (10) TOTAL Monetary Expenditures To Date

\$ 0 , , .

### (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Nelly Velasquez

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name) Nelly Velasquez

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez  
 Name  
 (2) 9048 Collins Avenue #124  
 Address (number and street)  
Surfside, FL 33154  
 City, State, Zip Code

OFFICE USE ONLY

FEB 1 AM 10:18

*Smc*

☐ Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☒ Candidate Office Sought: Commissioner

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

## (5) Report Identifiers

Cover Period: From 1/13/2024 / \_\_\_\_ To 1/26/2024 / \_\_\_\_ Report Type: 24B1

☒ Original

☐ Amendment

☐ Special Election Report

## (6) Contributions This Report

Cash & Checks \$ 200.00 , \_\_\_\_ . \_\_\_\_

Loans \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

Total Monetary \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

In-Kind \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

## (7) Expenditures This Report

Monetary Expenditures \$ 364.38 , \_\_\_\_ . \_\_\_\_

Transfers to Office Account \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

Total Monetary \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

## (8) Other Distributions

\$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

## (9) TOTAL Monetary Contributions To Date

\$ 825.00 , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

## (10) TOTAL Monetary Expenditures To Date

\$ 364.38 , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

## (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Nelly Velasquez

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

**X**

Signature

(Type name) Nelly Velasquez

☒ Candidate ☐ Chairperson (only for PC and PTY)

**X**

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Nelly Velasquez (2) I.D. Number 24B1

(3) Cover Period 1/13/24 /      /      through 1/26/24 /      /      (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type    Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
1/13/24 /    /	Maria Villalba 400 90th street Surfside, FL 33154		Retired	RCT			\$100.00
1							
1/25/24 /    /	Jessy Vinagre 701 88th street Surfside, FL 33154		Real estate	RCT			\$100.00
2							
/    /							
/    /							
/    /							
/    /							
/    /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**(1) Name Nelly Velasquez(2) I.D. Number 24B1(3) Cover Period 1/12/24 /        /        through 1/26/24 /        /       (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
1/17/24 / 1	UZ Marketing 5900 Bingle Rd, Houston, TX 77092	Yard Signs	CAN		\$364.38
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Nelly Velasquez

I.D. Number

Address (number and street)  
9048 Collins Avenue, #124

City, State, Zip Code  
Surfside, FL, 33154

☐ CHECK IF ADDRESS HAS CHANGED

FEB 1 AM 9:37

GNC

Candidate for:

- ☐ Mayor  
☒ Commissioner, District \_\_\_\_\_  
☐ Property Appraiser  
☐ Clerk of the Circuit Courts  
☐ Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name: 24B1 Cover Period 01/13/2024 through 01/26/2024

Report Type ☒ Original ☐ Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Nelly Velasquez

(Type name) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Nelly Velasquez

(Type name) ☒ Candidate

X

Signature



1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389 2390 2391 2392 2393 2394 2395 2396 2397 2398 2399 2400 2401 2402 2403 2404 2405 2406 2407 2408 2409 2410 2411 2412 2413 2414 2415 2416 2417 2418 2419 2420 2421 2422 2423 2424 2425 2426 2427 2428 2429 2430 2431 2432 2433 2434 2435 2436 2437 2438 2439 2440 2441 2442 2443 2444 2445 2446 2447 2448 2449 2450 2451 2452 2453 2454 2455 2456 2457 2458 2459 2460 2461 2462 2463 2464 2465 2466 2467 2468 2469 2470 2471 2472 2473 2474 2475 2476 2477 2478 2479 2480 2481 2482 2483 2484 2485 2486 2487 2488 2489 2490 2491 2492 2493 2494 2495 2496 2497 2498 2499 2500 2501 2502 2503 2504 2505 2506 2507 2508 2509 2510 2511 2512 2513 2514 2515 2516 2517 2518 2519 2520 2521 2522 2523 2524 2525 2526 2527 2528 2529 2530 2531 2532 2533 2534 2535 2536 2537 2538 2539 2540 2541 2542 2543 2544 2545 2546 2547 2548 2549 2550 2551 2552 2553 2554 2555 2556 2557 2558 2559 2560 2561 2562 2563 2564 2565 2566 2567 2568 2569 2570 2571 2572 2573 2574 2575 2576 2577 2578 2579 2580 2581 2582 2583 2584 2585 2586 2587 2588 2589 2590 2591 2592 2593 2594 2595 2596 2597 2598 2599 2600 2601 2602 2603 2604 2605 2606 2607 2608 2609 2610 2611 2612 2613 2614 2615 2616 2617 2618 2619 2620 2621 2622 2623 2624 2625 2626 2627 2628 2629 2630 2631 2632 2633 2634 2635 2636 2637 2638 2639 2640 2641 2642 2643 2644 2645 2646 2647 2648 2649 2650 2651 2652 2653 2654 2655 2656 2657 2658 2659 2660 2661 2662 2663 2664 2665 2666 2667 2668 2669 2670 2671 2672 2673 2674 2675 2676 2677 2678 2679 2680 2681 2682 2683 2684 2685 2686 2687 2688 2689 2690 2691 2692 2693 2694 2695 2696 2697 2698 2699 2700 2701 2702 2703 2704 2705 2706 2707 2708 2709 2710 2711 2712 2713 2714 2715 2716 2717 2718 2719 2720 2721 2722 2723 2724 2725 2726 2727 2728 2729 2730 2731 2732 2733 2734 2735 2736 2737 2738 2739 2740 2741 2742 2743 2744 2745 2746 2747 2748 2749 2750 2751 2752 2753 2754 2755 2756 2757 2758 2759 2760 2761 2762 2763 2764 2765 2766 2767 2768 2769 2770 2771 2772 2773 2774 2775 2776 2777 2778 2779 2780 2781 2782 2783 2784 2785 2786 2787 2788 2789 2790 2791 2792 2793 2794 2795 2796 2797 2798 2799 2800 2801 2802 2803 2804 2805 2806 2807 2808 2809 2810 2811

(1) Name \_\_\_\_\_ (2) I.D. Number \_\_\_\_\_

(5) Report Type ☐ Original ☐ Amendment (6) Page \_\_\_\_\_ of \_\_\_\_\_

[illegible]

MD-ED 26 (Rev. 03/13)